



DEVELOPMENT SERVICES

Building Inspections, 6101 Frisco Square Blvd., 3<sup>rd</sup> Floor, Frisco, Texas 75034, Main (972) 292-5301, Fax (972) 292-5313, email: [bdginsp@friscotexas.gov](mailto:bdginsp@friscotexas.gov)

## CERTIFICATE OF OCCUPANCY APPLICATION

An incomplete application may delay the review process or cause denial of the application.

PERMIT NUMBER: CO1 \_\_\_\_\_ -

Project name	
D/B/A (if applicable)	
Project address (include suite no.)	
Nature of Business	
Renovations scheduled	(Please describe)

APPLICANT NAME & ADDRESS		EMAIL TELEPHONE FAX
BUSINESS OWNER NAME & ADDRESS		EMAIL TELEPHONE FAX
PROPERTY OWNER NAME & ADDRESS		EMAIL TELEPHONE FAX

Floor plan submitted? ☐ Yes, floor plan is included with submittal or ☐ No, written statement citing 'no changes to existing floor plan or structure' attached  
Business/property use: ☐ Retail ☐ Wholesale ☐ Manufacturing ☐ Religious ☐ Service ☐ Distribution ☐ Office ☐ Warehouse ☐ Medical ☐ Other  
Is this a new business? ☐ Yes or ☐ No Is this a change of ownership? ☐ Yes or ☐ No Is this a change of business name? ☐ Yes or ☐ No  
Current Occupant Load \_\_\_\_\_

Smoking is prohibited. Please visit [www.friscotexas.gov/departments/planningDevelopment/Pages/MostRequestedOrdinances.aspx](http://www.friscotexas.gov/departments/planningDevelopment/Pages/MostRequestedOrdinances.aspx)

Is this a medical facility? ☐ Yes or ☐ No Is the building equipped with an automatic fire sprinkler system? ☐ Yes or ☐ No

Will you require a utility release prior to inspection or occupancy? ☐ Yes or ☐ No

- Electrical provider is ☐ Co Serv or ☐ Oncore
- Gas provider is ☐ Co Serv or ☐ Atmos Energy

(Note: If business is located within a Co Serv designated area, Co Serv is a cooperative and you will not be able to use a 3<sup>rd</sup> party)

**AREAS:** Office space \_\_\_\_\_ sf Restaurant \_\_\_\_\_ sf Retail \_\_\_\_\_ sf Sanctuary \_\_\_\_\_ sf  
Warehouse \_\_\_\_\_ sf Manufacturing \_\_\_\_\_ sf Other \_\_\_\_\_ sf Square feet used for storage \_\_\_\_\_ sf  
Does this include 'fixed seating'? ☐ Yes or ☐ No How many in 'fixed seating' area? \_\_\_\_\_  
Does this include 'patio seating'? ☐ Yes or ☐ No How many in 'patio seating' area? \_\_\_\_\_  
**TOTAL** \_\_\_\_\_ **SF**

Please select: ☐ **YES**, if the occupancy / business involves storage, sale or use of the following: (Please check all applicable – below.)

<input type="checkbox"/> Alcohol sales	<input type="checkbox"/> Flammable or combustible liquids (10 gallons or more)	<input type="checkbox"/> Poisonous / hazardous chemicals/acids
<input type="checkbox"/> Alcohol beverages	<input type="checkbox"/> Floor drains in building	<input type="checkbox"/> Recycling waste
<input type="checkbox"/> Bales of loose combustible fibers	<input type="checkbox"/> Food and/or beverage processing, storage or sales	<input type="checkbox"/> Smoking
<input type="checkbox"/> Cellulose nitrate film	<input type="checkbox"/> Food products	<input type="checkbox"/> Vehicle repair or garage
<input type="checkbox"/> Compressed gas	<input type="checkbox"/> High piled stock (over 12 feet in height)	<input type="checkbox"/> Vehicles within building/structure
<input type="checkbox"/> Dry cleaning (flammable solvents)	<input type="checkbox"/> Liquid propane	<input type="checkbox"/> Welding or cutting
<input type="checkbox"/> Dust producing process	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Woodworking
<input type="checkbox"/> Explosives or ammunition	<input type="checkbox"/> Painting with flammables	<input type="checkbox"/> X-ray development
<input type="checkbox"/> Fireworks	<input type="checkbox"/> Other hazards (specify on the line provided below)	<input type="checkbox"/> Medical equipment

Other hazards (please specify) \_\_\_\_\_

☐ **NO**, the occupancy or business does NOT involve storage, sale or use of the any of the above-noted. \_\_\_\_\_ initials

**(A) FOOD ESTABLISHMENTS ARE REQUIRED TO COMPLETE A HEALTH PERMIT APPLICATION AND SUBMIT TO HEALTH & FOOD SAFETY.** If you have health-related questions, please contact Health & Food Safety at (972) 292-5304 or via email to [health@friscotexas.gov](mailto:health@friscotexas.gov).

**(B) SIGNS:** Please review the current Sign Ordinance at [www.friscotexas.gov/departments/planningDevelopment/Pages/MostRequestedOrdinances.aspx](http://www.friscotexas.gov/departments/planningDevelopment/Pages/MostRequestedOrdinances.aspx) for submittal and permit requirements.

☐ I hereby verify all sections of this application are completely filled out and accurate.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
CELL

\_\_\_\_\_  
FAX

Applications with 'original' signatures ONLY. Facsimiles, e-mails or other forms of electronic media transmissions will not be accepted.

## HOW TO GET A CERTIFICATE OF OCCUPANCY

**Why do I need a certificate of occupancy?** If you are a new tenant/owner of an existing business, changing the name of your business or changing the use of your building, records must be updated with the City to provide the best service to you in the future. In addition, this is the appropriate time for City inspectors to provide you with a general life safety inspection of your occupancy to ensure you have the minimum provision for light, heat, ventilation, sanitation and egress of your business. If you are making changes to building elements, ex: wall construction, equipment installation, a Certificate of Occupancy Application does not apply to your project. You must submit a 'Commercial Building Permit Application' and that permit will conclude with a Certificate of Occupancy.

An application for Certificate of Occupancy can be found online at [www.friscotexas.gov/building](http://www.friscotexas.gov/building), then selecting 'Plan Review & Forms' located on the left-hand side of the webpage or at the **Customer Service Desk** located at 6101 Frisco Square Blvd, 3<sup>rd</sup> floor. It is recommended you make application in person at the **Customer Service Desk** and review your application with staff to ensure it is completed correctly during the time of submittal. This will help avoid delay in the review of your application. Additional information may also be required at the time of your application submittal.

**Right to Occupy** - The City needs to know you have the right to occupy the building. This can be remedied by providing a signed lease agreement or a recorded deed if you have purchased the property.

**Site plan** – A site plan may be required if you are changing the use of the occupancy to verify adequate site elements like parking and accessibility are being provided.

**Space plan** – A basic space plan shall be provided to ensure we understand what you are proposing to occupy and the use of each area within that space.

### REQUIRED INSPECTION(S)

#### New Tenant/Owner or Name Change of an Existing Business – Not a Food Establishment

If there is no electrical and/or gas service established, you must first have an **Electrical Release** and **Gas Release** inspection by Building Inspections and service turned on before you can request any additional inspections<sup>1</sup>. The franchise utilities require a release from the City if services have been disconnected for any period of time. If the electrical and gas are already established to the occupancy (and you do not anticipate a disconnection from the franchise service providers), only **Courtesy CO** and **Courtesy Fire** inspections are required. These two (2) inspections are requested to Building Inspections and coordinated to be completed during the same day.

#### New Tenant/Owner of an Existing Business - Food Establishment w/No Changes to Food Operations

It is recommended for any food establishment that you first contact Health & Food Safety to discuss any operational changes which may affect the requirements of occupancy. Additional documentation will be required to complete a review of a Certificate of Occupancy Application for Food Establishments. The 'Minimum Standards for Food Establishments' handout is available at the **Customer Service Desk**. If no electrical and/or gas service is established, you must first have **Electrical Release** and **Gas Release** inspections by Building Inspections and service turned on before you can request additional inspections. The franchise utilities require a release from the City if services have been disconnected for any period of time. If the electrical and gas are already established to the occupancy (and you do not anticipate any disconnection from franchise service providers) only **Health Final**, **Courtesy CO** and **Courtesy Fire** inspections are required. Health & Food Safety and Building inspections may be completed the same day if coordinated through Building Inspections prior to request.

## HOW TO REQUEST INSPECTIONS OF YOUR OCCUPANCY

There are two (2) ways to request an occupancy inspection of your business. Inspections may be scheduled at the Customer Service Desk, located at 6101 Frisco Square Blvd., 3<sup>rd</sup> Floor at the time of application. To request an occupancy inspection via telephone, please call (972) 292-5386. Please ensure to provide the permit number assigned at the time of application, along with the street address (and suite number, if applicable) and business name. The cut-off time for a telephonic inspection request is 8:00PM the prior evening of the inspection.

If the Courtesy Fire inspection fails, you must contact the Fire Marshal's Office directly at (972) 292-6328 to schedule the reinspection.

1. Requirement for Gas Release inspection: Gas systems must be placed on pressure test by a licensed and register plumbing contractor for inspection. Low pressure systems require a 3lb. test on a 5 or 6lb. gauge. Intermediate pressure systems require a 10lb. test on a 15lb. gauge. Access shall be provided to all areas containing fuel fired equipment.



DEVELOPMENT SERVICES

## FOOD ESTABLISHMENT HEALTH PERMIT APPLICATION

**HEALTH & FOOD SAFETY**  
6101 Frisco Square Blvd. 3<sup>rd</sup> Floor  
Frisco, TX 75034  
Main: 972.292.5304 Fax: 972.292.5313  
[health@friscotexas.gov](mailto:health@friscotexas.gov)

Permit #: \_\_\_\_\_

Application Date: \_\_\_\_\_

This application MUST be completed before any Health Permit is issued. NEW FOOD ESTABLISHMENTS, and ESTABLISHMENTS UNDERGOING CHANGE IN OWNERSHIP, CONCEPT, or NAME must also submit a completed ADDENDUM TO FOOD ESTABLISHMENT PERMIT APPLICATION.

**\*\*PLEASE INDICATE WHICH ADDRESS IS THE PREFERRED MAILING ADDRESS\*\***

**TYPE OF BUSINESS:** ☐ RESTAURANT (\$400.00) ☐ GROCERY STORE (\$550.00) ☐ CONCESSION (\$100.00) ☐ DAYCARE (\$200.00)  
☐ CONVENIENCE STORE (\$200.00) ☐ TEMPORARY (\$50.00) ☐ LIMITED FOOD (\$50.00) ☐ CATERING (\$400.00) ☐ SCHOOL (\$0.00)  
☐ PRIVATE (\$400.00) ☐ KIOSK-HEALTH (\$200.00) ☐ CAFETERIA (\$400.00) ☐ COMMISSARY (\$400.00) ☐ MOBILE VENDOR (\$300.00)  
☐ MOBILE HOT (\$300.00) ☐ MOBILE COLD (\$200.00) ☐ STADIUM RESTAURANT (\$400.00) ☐ STADIUM CONCESSION (\$200.00)  
☐ STADIUM KIOSK (\$200.00) ☐ OTHER \_\_\_\_\_

☐ POSTAGE & HANDLING FEE (\$5.00) (Permit placard must be picked up at Development Services lobby if P&H fee not paid.)

**BUSINESS NAME:** \_\_\_\_\_  
(NAME OF ESTABLISHMENT LOCATED IN FRISCO)

**CONTACT PERSON:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_ **CITY:** Frisco **STATE:** TX **ZIP:** \_\_\_\_\_  
(Physical Street Address location in Frisco)

**TELEPHONE:** (\_\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**OWNER (INDIVIDUAL OR CORPORATION):** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** (\_\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**PLEASE LIST NAMES OF CORPORATE OFFICERS, INCLUDING THEIR COMPLETE ADDRESSES BELOW:**

**(1) CORPORATE OFFICER:** \_\_\_\_\_  
**STREET ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**(2) CORPORATE OFFICER:** \_\_\_\_\_  
**STREET ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

All information in this application, and any required addendums or attached sheets, is true to the best of the applicant's knowledge and belief. Applicant acknowledges the permit applied for is subject to revocation if the establishment fails to comply with applicable City ordinances or State laws.

Applicant Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only:

Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Receipt Number \_\_\_\_\_ ☐ Cash ☐ Check #: \_\_\_\_\_

Updated Dept Logo 09-09

# FOOD ESTABLISHMENT HEALTH PERMIT APPLICATION (ADDENDUM)

This form **MUST** be completed for any NEW FOOD ESTABLISHMENT, OR ANY FOOD ESTABLISHMENT UNDERGOING CHANGE IN OWNERSHIP, CONCEPT OR NAME.

\*APPLICANTS RENEWING WITH NO CHANGES DO NOT HAVE TO COMPLETE THIS PAGE \*

APPLICATION DATE:

PROPOSED OPENING / REOPENING  
DATE:

\_\_\_\_\_

\_\_\_\_\_

This Food Establishment is undergoing the following: *(Check all that apply.)*

☐ New Food Establishment

☐ Change of Ownership

☐ Change of Name

☐ Change of Concept

NAME OF ESTABLISHMENT: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

1. Has/Will the menu of offered foods change? \_\_\_\_\_ If so, please attach updated menu.
2. Hours/Days of Operation: \_\_\_\_\_
3. Smoking is prohibited within a food establishment and within 20 feet to any entrance to an establishment and other non-smoking facilities. Will there be a proposed smoking area provided outdoors? \_\_\_\_\_ *(Food establishments must comply with the City of Frisco Smoking Ordinance. For details, please contact the Building Inspections Division at (972) 292.5301 or email [bldginsp@friscotexas.gov](mailto:bldginsp@friscotexas.gov).)*
4. Will this establishment serve any undercooked animal products? *(For example: sushi; undercooked steaks, tuna steaks, or hamburgers; eggs over easy.)* \_\_\_\_\_ If yes, please attach details of how required reminder/disclosure statements will be provided.
5. Grease Interceptor Size: \_\_\_\_\_ / \_\_\_\_\_ GAL/LB Location: \_\_\_\_\_  
Contracted Servicing Company: \_\_\_\_\_  
The Health Ordinance requires all grease interceptors be serviced at least four (4) times each year.
6. Are you considering allowing a 3<sup>rd</sup> party sublet/caterer to use this establishment's kitchen facilities? \_\_\_\_\_ *(Reminder: 3<sup>rd</sup> party sublets/caterers are required to operate under a separate Food Establishment Permit.)*
7. Reminder: One (1) Certified Food Manager is required to be present in the establishment at all times of operation.



## **HEALTH & FOOD SAFETY**

### **Commercial Food Establishment Plan Submittal Requirements**

#### **New Construction/Extensive Remodel/Change of Food Type:**

- ☐ 1. Food service details including dumpster enclosure and full floor plan with all equipment depicted. Food service includes outside caterers, places of worship, and daycare centers – including those that serve only juice or water and/or dry snacks.  
Note: Food service areas must be segregated.
- ☐ 2. Identify each room with function and purpose, including staff lounge and break rooms.
- ☐ 3. Equipment and fixture schedules. Include each piece of counter-top equipment used in food service. Except where only pre-packaged, individual portioned items are offered and approved, a three (3) compartment sink is required.
- ☐ 4. Satellite areas, outdoor areas, bar/equipment and elevations must be depicted.
- ☐ 5. Manufacturer's specification sheets of all equipment. (Refrigeration for all children's meals in a Daycare setting must be commercial grade, ie. NSF approved).
- ☐ 6. Finish schedules of all areas.
- ☐ 7. Grease interceptor calculations and proposed location.
- ☐ 8. Water heater calculations.
- ☐ 9. Above ground grease waste storage container location, where applicable.
- ☐ 10. Reflected ceiling plan.
- ☐ 11. Bare Hand Contact Policy (if used). Bare hand contact with ready to eat foods is prohibited if serving a highly susceptible population.
- ☐ 12. Full menu depicting Consumer Advisory-disclosure and reminder locations (not applicable for establishments serving a highly susceptible population).
- ☐ 13. Completed Health Permit Application submitted with correct fees and copy of Food Manager Certification.

#### **Modifications to Existing Food Establishment / Purchase of Vacant Food Establishment** **EXISTING equipment, finishes, and fixtures must be labeled in addition to new:**

- ☐ 1. Food service details including full floor plan with all equipment and fixtures depicted. Identify all food service areas, bars, outdoor areas, storage and ware wash rooms.
- ☐ 2. Manufacturer's specification sheets of all proposed new equipment.
- ☐ 3. Finish schedules of all areas
- ☐ 4. Grease interceptor size and location identified
- ☐ 5. Water heater size if existing is to be used (Submit GPH and KW-BTU)
- ☐ 6. Where applicable, note above ground grease waste storage container location
- ☐ 7. Where applicable, submit Bare Hand Contact policy. Bare hand contact with ready to eat foods is prohibited if serving a highly susceptible population.
- ☐ 8. Full menu depicting Consumer Advisory-disclosure and reminder locations (not applicable for establishments serving a highly susceptible population).
- ☐ 9. Completed health permit application submitted with correct fees and copy of Food Manager Certification.

**Change of Owner ONLY (occupied, no Modifications, no Change of Food Type):**  
Submit Food Establishment Permit Application, fees, and copy of Food Manager Certification with Certificate of Occupancy Application.

**Please note: Other information may be required. The following are in addition to information required by the Building Inspections Division.**